

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Comprehensive Medical and Dental Program, 942C
P.O. Box 29202 • Phoenix, Arizona 85038-9202
(602) 351-2245 • 1-800-201-1795 • FAX (602) 351-8529

DENTIST'S CERTIFICATION OF MEDICAL NECESSITY

To the Dentist: Procedures, treatments and equipment submitted for CMDP reimbursements are, by statute, required to be medically necessary. Furnished or ordered services that are substantially in excess of the recipient's needs or fail to meet professionally recognized standards for health care are subject to fraud and abuse sanctions.

The American Dental Association defines **medical necessity** as follows (Reference CDT):

"The reasonable and appropriate diagnosis, treatment and follow-up care (*including supplies, appliances and devices*) as determined and prescribed by qualified, appropriate health care providers in treating any condition, illness, disease, injury or birth development malformations. Care is medically necessary for the purpose of controlling or eliminating infection, pain, and disease; and restoring facial configuration or function necessary for speech, swallowing or chewing."

Providing the following information will not guarantee reimbursement but will be utilized to support the determination of medical necessity by DES/CMDP.

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| MEMBER'S NAME (<i>Last, First, M.I.</i>) | DATE OF BIRTH |
| MEMBER'S ADDRESS (<i>No., Street, City, State, ZIP</i>) | |
| CMDP/AHCCCS NO. | |
| DIAGNOSIS | |
| RECOMMENDED SERVICE | |
| DENTIST'S STATEMENT OF JUSTIFICATION | |
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| | |
| Duration of Treatment: _____ Months | |
| DENTIST'S NAME (<i>Please print</i>) | DATE |
| DENTIST'S SIGNATURE | |
| DENTIST'S ADDRESS (<i>No., Street, City, State, ZIP</i>) | |

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-351-2245; TTY/TDD Services: 7-1-1.